

RESPONSE UNDER
37 C.F.R. 1.116
EXPEDITED PROCEDURE
GROUP ART UNIT 1624



Corres. and Mail
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Docket No.

AY/ 1600
1795/45704-GA/1011XH

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SEP 04 2003

TECH CENTER 1600/290

In re application of: Wang et al.

Serial No.: 09/855,597

Examiner: Brenda Coleman

Filed: May 15, 2001

Group Art Unit: 1624

For: DIHYDROPYRIMIDINES AND USES THEREOF

August 28, 2003

HONORABLE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

S I R:

Transmitted herewith is an amendment to the above-identified application.

 X Small entity status of this application under
37 C.F.R. § 1.9 and § 1.27 has been established by
a verified statement previously submitted.

 a verified statement to establish small entity
status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

 No additional fee is required.

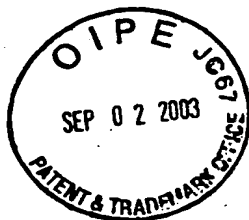
The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | FEE | |
|---|-----------------------------------|---|---|---|---|---|-----------------------------------|-----------------|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 25 | - | * 26 | = | *** 0 | x | 9 | 18 | = | 0 |
| Indepen- dent Claims | 8 | - | ** 3 | = | *** 5 | x | 42 | 84 | = | 210 |
| Multiple Dependent Claims(s) Presented <u> </u> Yes <u> X </u> No | | | | | | | 140 | 280 | | |
| For First Time: | | | | | | | | | | |
| | | | | | | | TOTAL ADDITIONAL \$ 210.00 FEE | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and
the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
"0", write "0" in the space.



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Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
in the amount of \$ _____.

X A check in the amount of \$ 265.00 is enclosed.
(\$210.00 plus \$55.00 for a one-month extension of time)

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

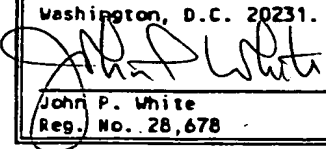
X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.


John P. White
Reg. No. 28,678

8/28/03
Date